

# LONG TERM TRANSPORTATION / DROP-OFF / PICK-UP SCHEDULE

I would like to request the following schedule for my child: *(One form per child)*

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

School SOUTHEAST Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Please fill in ALL LINES, Monday through Friday. We don't like to assume that we know what blank spaces mean. We will fill in the Bus # if you don't know it.

## **MORNING:**

*If Parent is transporting to school, please write "Parent Drop-Off"*

Monday Address	_____	Bus #	_____
Tuesday Address	_____	Bus #	_____
Wednesday Address	_____	Bus #	_____
Thursday Address	_____	Bus #	_____
Friday Address	_____	Bus #	_____

## **AFTERNOON:**

*If Parent is transporting child home, please write "Parent Pick-Up" or name of person picking up your child.*

**WE WILL NOT RELEASE YOUR CHILD TO ANYONE OTHER THAN THE PERSON ON THIS SCHEDULE WITHOUT WRITTEN PERMISSION FROM PARENT.**

Monday Address	_____	Bus #	_____
Tuesday Address	_____	Bus #	_____
Wednesday Address	_____	Bus #	_____
Thursday Address	_____	Bus #	_____
Friday Address	_____	Bus #	_____

*Is this a daycare? Please give us contact information. (Name & Phone #)*

I am requesting that this schedule begin on:

☐ the first day of school - or -

☐ date: \_\_\_\_\_ (If only for a period of time, send in new form at end of time period)

Home phone: \_\_\_\_\_ Work or cell phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_